PALE	Reduction Act of 19 NT. APPLICA' Si	TION FEE I	DETERMINA DETERMINA Dem PTO-876	Spond (V RECORI	Information .	XI unles	s It disp	days a valid	PTO/SB/06 (1006. OMB 0651. OF OOMME OMB control number.
APPLICATION AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OR:	OTHER THAN	
FOR BASIC FEE	NUMBER F	LED	NUMBER EXTRA		RATE (\$)		7		SMALL ENTITY	
(\$7 CFR 1.16(a), (b), or (c)) SEARCH FEE	·				INIE (4)	FEE	(\$)		RATE (\$	FEE (\$
. (37 CFR 1.16(K), (i), or (m))				\neg		-	\dashv			
EXAMINATION FEE (37 OFR 1.16(σ), (ρ), οτ (q))				7.		 	\dashv	H		
TOTAL CLAIMS (37 CFR 1.16(1))	mlas	ıs 20 = 4		-			-	- 1		
INDEPENDENT CLAIMS (37 CFR 1.16(N))		us 3 = '		-	X .=		_	OR	x ·	=
APPLICATION SIZE	If the specificati	on and drawin	gs exceed 100	-	X =		1		х .	
FEE (37 CFR 1.16(s))	is \$250 (\$125 fo	r small entity)	on size fee due	Π	1			- 1		
(-1)	additional 50 sh 35 U.S.C. 41(a)	eels or fraction	Thornal Co.				1			1
MULTIPLE DEPENDENT C	LAIM PRESENT (37	CFR 1.16(1))		11			\dashv	-	<u>-</u>	
If the difference in column	l Is less than zero,	enter "0" in colum	nri 2	J [_	TOTAL		\dashv			
					TOTAL [·	٠ إــ		TOTAL	L
1-23-07 (Colu	- The Final Control	DED - PART	+-		٠.	•				
CL	AIMS	(Column'2) HIGHEST	(Column 3)	·	SMALL EN	πιτγ	_ 0	R	OTHER SMALL	THAN
\ AE	AINING TER .	NUMBER .PREVIOUSLY	PRESENT EXTRA	-	RATE (\$)	ADDI-	1	Le	RATE.(\$)	ADDI:
Total · 2	DMENT Minus	PAID FOR	=	-		FEE (\$)	1			TIONAL FEE (\$)
Independent (17 CFR 1.16(N))	Minus	<u></u>	-	×	=	· ·	OR	×	50 =	
Application Size Fee (37	CFR 1.16(s))		<u> </u>	×	= -	· .	OR	xó	300=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . (37.CFR 1.16(I))				1				1-		
					TAL		0R	107	00	
(Colum	n 1)	(Column 2)	(Column 3)	AU	D'L FEE		OR :	ADD	L FEE	
· CLAII REMAIN	MS	HIGHEST NUMBER	PRESENT					·		
AFTE AMENDA	R	PREVIOUSLY PAID FOR	EXTRA	R/	T.	ADDI: IONAL		RAT	TE (\$) .	ADDI-
Total (17 OFFI 1.15(1))	Minus		z	×	F	EE (\$)				TIONAL FEE (\$)
Independent 197 OFR 1.16(N)	1 """"		=	 			OR	×	<u> </u>	
Application Size Fee (37 C FIRST PRESENTATION OF MI		L		×	=		OR:	×	=	

If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by flie including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any continents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE